

## **BUSINESS CERTIFICATE**

	OCATION FORM		
Filing Fee: \$40.00		Form: 1004 CL	
File Number:			
	(Administrative Use Only)		
I/We hereby state that the ( ) <b>Busi</b>	ness Address and/or the ( ) Res	idential Address list	ed
on the Business Certificate of:			
filed with the Office of the City C	lerk on/,	changed to:	
New Business Address:			
(Address)	(City/Neighborhood)	(State) (Zip o	Code)
New Residential Address:			
(Address)	(City/Neighborhood)	(State) (Zip	Code)
Print Name Here:	Signature:		
Print Name Here:	Signature:		
Print Name Here:	Signature:		
No	otarization Acknowledgement		
The Commonweal	th of Massachusetts – SUFFOLK	COUNTY	
On this day of, 20	, before me, the undersigned Notary Pub	lic, personally appeared	
		(name of document s	signer),
proved to me through satisfactory evidence of i	dentification, which was/were		,
o be the person who signed the preceding or at	tached document in my presence, and who	swore or affirmed to me that	the
contents of this document are truthful and accur	rate to the best of his/her knowledge and be	lief.	
	Signature:N		_
Notary Seal/Stamp	My Commission expires:	//	